

**CAIR NO<sub>x</sub> COMPLIANCE SUPPLEMENT POOL (CSP)  
EARLY REDUCTION ALLOCATION REQUEST FORM**

Pursuant to R 336.1833(2), a CAIR NO<sub>x</sub> subject source may request allocations from the Early Reduction portion of the CSP set-aside pool of allowances as determined by the State. A source must submit a written request to the Air Quality Division no later than July 1, 2009. This form may be used by any source requesting allocation from the pool. Calculations regarding the number of allocations requested are described under R 336.1833(2)(f)(iii).

Please type or print clearly. Refer to instructions for additional information to complete this form. Include additional copies of Page 2 as necessary.

<b>SOURCE INFORMATION</b>	ORIS:	SRN:	
Source Name			
Mailing Address			
City		State	Zip Code
Source Location (if different):			
City	MI	Zip Code	County Name

<b>Source-Wide Total Number of Allocations Requested:</b>	
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**Certification**

I am authorized to make this submission on behalf of the owners and operators of the CAIR NO<sub>x</sub> sources or CAIR NO<sub>x</sub> units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Name:	Title:
E-Mail Address:	Phone:
Signature:	Date:



## Michigan Department Of Environmental Quality - Air Quality Division

Source Name

CAIR NOx CSP Early Reduction  
Allocation Request Form  
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AQD Unit ID:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> Both <input type="checkbox"/>	Actual NOx Emission Rate:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input (in Mmbtu/Hr	Total Hours of Operation for Control Period:	Total Number of Allocations Requested*
Brief Description of the Early Reduction Process:			

AQD Unit ID:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> Both <input type="checkbox"/>	Actual NOx Emission Rate:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input (in Mmbtu/Hr	Total Hours of Operation for Control Period:	Total Number of Allocations Requested*
Brief Description of the Early Reduction Process:			

AQD Unit ID:	Control Equipment Installation Date (MM/DD/YYYY):	Date Early Reductions Began (MM/DD/YYYY):	
Request Year: 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> Both <input type="checkbox"/>	Actual NOx Emission Rate:	Required NOx Emission Rate	2005 Actual Emission Rate:
Percentage of Monitor System Availability:	Unit's Total Heat Input (in Mmbtu/Hr	Total Hours of Operation for Control Period:	Total Number of Allocations Requested*
Brief Description of the Early Reduction Process:			

\* - Attach all calculations and formulas used to determine total number of allocations requested.



## INSTRUCTIONS FOR COMPLETING THE CAIR NO<sub>x</sub> COMPLIANCE SUPPLEMENT POOL (CSP) EARLY REDUCTION ALLOCATION REQUEST FORM

Page 1:

1. **ORIS** – Enter the Office of Regulatory Information Systems ID assigned to the CAIR NO<sub>x</sub> Source.
2. **SRN** – Enter the State Registration Number (SRN) assigned to the source.
3. **Source Name** - Enter the source name.
4. **Addresses** - Enter the Mailing Address, City, State and Zip Code for the source. Provide the source location address, if different from mailing address.
5. **County Name** - Enter the county name where the unit is located
6. **Source Wide Total Allocations requested:** Indicate the source wide total number of allocations requested. (Total of all unit allocations from Page 2.)
7. **Certification:** Read the certification statement; enter the name and title of the NO<sub>x</sub> authorized account representative; sign and date.

Page 2: For each subject unit provide the following information. If more space is required, please attach a separate sheet listing the same details as listed below:

1. **AQD Unit ID** – Provide the AQD Unit ID from the Michigan Air Emissions Reporting (MAERs) program.
2. **Control Equipment Installation Date (MM/DD/YYYY)** – Provide the installation date for each emission control unit.
3. **Date Early Reductions Began (MM/DD/YYYY)** – Provide the date early reductions began or will begin for each emission unit.
4. **Early Reduction Request Year:** Indicate which CAIR NO<sub>x</sub> control period for each unit the allocations are being requested for i.e. 2007; 2008 or both years.
5. **Actual NO<sub>x</sub> Emission Rate:** Indicate the actual NO<sub>x</sub> emission rate; which must be lower than the Required NO<sub>x</sub> Emission Rate and 80% less than the 2005 Actual Emission Rate.
6. **Required NO<sub>x</sub> Emission Rate:** Indicate the required NO<sub>x</sub> emission rate as described in R 336.1833(2)(e)(i).
7. **2005 Actual Emission Rate:** Provide the actual NO<sub>x</sub> Emission rate for 2005
8. **Percentage of monitoring System availability:** Enter the percent of time the monitoring system was available, must not be less than 90% of the operation time.
9. **Unit's Total Heat Input** – In MMBtus / hour
10. **Unit's Total Hours of Operation:** Indicate the total expected hours of operation for each unit in the control period.
11. **Total Number of Allocations requested:** Enter the number of allocations requested for the unit, based on the calculations (detailed description in R 336.1833(2)(f)(iii)).
12. **Description:** Provide a brief description of the early reduction process pursuant to the requirements of R 336.1833(2).
13. **Calculations:** Provide the supporting calculations for each unit.

Submit the signed original to:

**Ms. Teresa Walker, Senior Environmental Quality Analyst  
Air Quality Division, Constitution Hall, 3rd Floor North  
525 West Allegan Street  
Lansing, Michigan 48909**